

PROFESSIONAL STANDARDS DIVISION

CITIZEN'S COMPLAINT FORM



COMPLAINANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

HOME PHONE: _____ MOBILE: _____

EMAIL: _____ @ _____

TODAY'S DATE: ____/____/____

DATE OF OCCURRENCE: ____/____/____ TIME: ____:____ A.M. / P.M.

NAMES & BADGE NUMBERS OF ECSO EMPLOYEES INVOLVED (IF KNOWN)

NAME: _____ BADGE #: _____

NAME: _____ BADGE #: _____

NAME: _____ BADGE #: _____

DETAILS OF INCIDENT: (PLEASE INCLUDE AS MUCH FACTUAL INFO AS POSSIBLE E.G. WITNESSES, LOCATIONS & OTHER FACTS TO SUPPORT YOUR CLAIM)

NOTE: PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

COMPLAINANT'S SIGNATURE



Please return the completed and signed form to:

ECSO PSD

134 W. Eagle St, 4th Floor

Buffalo, New York 14202

PSD@erie.gov

-OR Fax 716.858.6630